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Federal Communications Commission	Approved by OMB	FOR FCC USE ONLY
Washington, D.C. 20554	3060-0906 (November 2008)	
	FCC 317	
SERVICES REPORT		FOR COMMISSION USE ONLY FILE NO 20121203ASZ
Read INSTRUCT	TIONS Before Filling Out Form	

Section I - General Information

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1. Legal Name of the Licensee or Permittee FOX24 OF MACON LICENSE LLC						
	Mailing Address 4311 WILSHIRE BOULEVARD SUITE 408					
	City LOS ANGELES Telephone Number (include area code) 3239645300		State or Country (if foreign address) CA	ZIP Code 90010 -		
			E-Mail Address (if available)			
	FCC Registration Number: 0017065624	Facility ID Number 58262	Call Sign WGXA			
2.	. Contact Representative (if other than Licensee or Permittee) SCOTT WOODWORTH		Firm or Company Name EDINGER ASSOCIATES PLLC			
	Telephone Number (include area code) 2027471694		E-Mail Address (if available) SWOODWORTH@EDINGERLAW.NET			
3.	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624? If "No," complete Question 7 and submit this Report to the Commission. If "Yes," proceed to Questions 4 through 7.					
4.	4. Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service. [Services Provided]					
5.	Total amount of gross revenues derived from feeable ancillary or supplementary services:		\$			
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?		O Yes O No O N/A			
7.	7. Certification. I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete.					
JΑ	ped or Printed Name of Person S SON R. WOLFF		ped or Printed Title of Person Signing RESIDENT OF MANAGER OF SOLE MEMBER			
Sig	gnature		Date 1/29/2012			

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WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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